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CENTRAL FAX CENTER
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Ser. No. 10/637,606	§	
Filed Aug. 8, 2003	§	Art Unit 3763
Inventor Hector J. Herrera	§	Examiner Manuel Mandez
On Medication Security Apparatus and Method	§	

AMENDMENT

Hon. Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Amendment responds on January 3, 2005, the first business day following the weekend holiday on January 1, 2005, to the Office Action dated October 1, 2004 in the referenced patent application, and makes certain formal amendments in the specification and the claims. Otherwise it traverses the rejections of the claims for the reasons pointed out in the Remarks and requests reconsideration of the rejections and allowance of the claims.

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PTO/SB/21 (09-04)

Approved for use through 07/31/2005. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

12

Application Number

10/637,606

Filing Date

08/08/2003

First Named Inventor

Hector J. Herrera

Art Unit

3763

Examiner Name

Mendez, Manuel A.

Attorney Docket Number

HJH-01US

ENCLOSURES (Check all that apply)

Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Reply to Missing Parts/
Incomplete ApplicationReply to Missing Parts
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a
Provisional Application

Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____

☐ Landscape Table on CD

After Allowance Communication to TC

Appeal Communication to Board
of Appeals and InterferencesAppeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify
below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Tim L. Burgess, P.C.

Signature

Printed name

Tim L. Burgess

Date

January 3, 2005

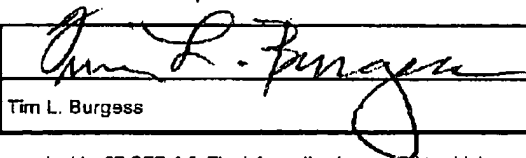
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Signature



Typed or printed name

Tim L. Burgess

Date

January 3, 2005

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